



Background Check Authorization Form

Trinity Bible College reserves the right to conduct background checks of students for security purposes. All information will be kept strictly confidential.

Permanent Address:

Name _____
First Middle Last

Address _____
Street City State Zip

Maiden Name or Other Names Used: _____

Date of Birth: _____

Social Security #: _____

Have you ever been arrested or convicted of any criminal offenses? _____

If yes, please explain _____

County of offense: _____

Note: answering "yes" to any of these questions does not automatically disqualify you as a student nor does it automatically disqualify you from participating in Student Ministries.

I hereby authorize Trinity Bible College to make an independent investigation of my background and criminal or police records. I release Trinity Bible College, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above sources. I agree to waive any right to bring legal action against Trinity Bible College or the background check agency for the disclosure of such information. The information contained in this application is correct to the best of my knowledge.

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____